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Bib Data Sheet

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/601,373 | FILING DATE<br>06/23/2003<br><br>RULE | CLASS<br>280 | GROUP ART UNIT<br>3618 | ATTORNEY<br>DOCKET NO.<br>MD 110/01 |
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APPLICANTS

Michael T. Miller, Lucie, FL;

\*\* CONTINUING DATA \*\*\*\*\*  
 NONE BF 9-13-4

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE BF 9-13-4

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/28/2003

|  |   |                           |                        |                      |                            |
|--|---|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br><i>B. Miller</i> 213-4<br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>FL | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>2 |
|--|---|---------------------------|------------------------|----------------------|----------------------------|

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TITLE  
 Equipment transportation system

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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